



Trans. 335 650 *high* *AP/N*

Attorney Docket 145.0002 *P. Zimmerman*
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A.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of :
Scott M. Rocklage et al :
Serial No. 47,614 :
Filed on May 8, 1987 :
For: DIPYRIDOXYL PHOSPHATE NMRI CONTRAST AGENTS
The Commissioner of Patents and Trademarks
Washington, D.C. 20231

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AUG 4 1987
GROUP 220

PRELIMINARY AMENDMENT

Please amend the claims originally presented in the
above-identified application as follows:

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1987 SEP -1 PM 12:21
GROUP 330

In the Claims

Amend Claims 9, 14, 32, and 44 as follows:

- A1*
9. (Amended) A chelate of a compound of Claim 1 [, 2, 3, 4, 5, 6, 7, or 8] with a metal ion having an atomic number within the range of 21 to 29, 42, 44 or 58-70.
- A2*
14. (Amended) A chelate of a compound of Claim 1 [, 2, 3, 4, 5, 6, 7, or 8] with a manganese(II) ion.

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APPLICATION BRANCH



GR 330
33X Smith
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Date: June 12, 1987
Case Docket No. 145.0002

In re application of Scott M. Rocklage
Serial No. 47,614
Filed May 8, 1987
For DIPYRIDOXYL PHOSPHATE NMRI CONTRAST AGENTS
THE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Part 2#2

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SEP 4 1987

Sir:

Transmitted herewith is an amendment in the above identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | | (Col. 3) |
|--|---|-------|---------------------------------------|--|------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| TOTAL | * 54 | MINUS | ** 54 | | = 0 |
| INDEP. | * 3 | MINUS | *** 3 | | = 0 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | |

SMALL ENTITY

| RATE | ADDIT. FEE |
|-------|---------------|
| x6= | \$ 0 |
| x17= | \$ 0 |
| +55= | \$ 0 |
| TOTAL | \$ 0 |

OTHER THAN A
SMALL ENTITY

| RATE | ADDIT. FEE |
|----------|---------------|
| x12= | \$ |
| x34= | \$ |
| +110= | \$ |
| OR TOTAL | \$ |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- * * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- * * * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$ _____ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 23-0140. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

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